REQUEST OF FINANCIAL **INFORMATION FORM** (PAGE 1)

LITTLE TRAVERSE BAY BANDS OF **ODAWA INDIANS TRIBAL COURT**

CASE NO	CA	\SE	Ν	О.
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Court Mailing Address: 7500 Odawa Circle Harbor Springs, MI 49740 (231) 242-1462 Plaintiff Defendant Complete this form and sign on page 4. YOUR GENERAL INFORMATION Your full name Date of birth Place of birth: city and state 4. Address City State Zip 5. Home telephone Work telephone Social security number Driver's license no. 9. Professional license, type, and no. 10. Member no. 11. E-mail address 13. Eye color 14. Hair color 15. Height 16. Weight 17. Race 18. Scars, tattoos, etc. 12. Sex М 19. Your father's full name 20. Your mother's full maiden name 21. Children's Names with other parent in this case Birthdate Gender Soc. sec. no. Member no. Address No. of overnights you have w/ child annually 22. Names of all additional minor children you support Birthdate. Member no. 23. Are you pregnant? a. When is the child due? b. Is the other party in this case the biological parent of the expected child? 24. Are you presently married? Yes Yes YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION 25. Your occupation 26. Your employer (if unemployed, name of last employer) 27. Employer's address City State Zip 28. Date hired 29. Gross earnings per pay period (earnings before taxes) 30. Filing status dependents claimed biweekly head of household weekly bimonthly monthly Married single 32. Total regular hours worked per pay period 31. Hourly pay rate (including shift premium 33. Average overtime hours for past 12 and COLA) months 34. Second job 35. Employer 36. Employer's address City State Zip 37. Date hired 39. Hourly pay rate 40. Average hours worked per 38. Gross earnings per pay period (earnings before taxes) bimonthly weekly biweekly monthly pay period since hire date 41. If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information: Name of last full-time employer Address of last full-time employer Position held at last place of full-time employment Last day employed full-time Length of time employed in last full-time position Reason for leaving last full-time employment Gross earnings per pay period (earnings before taxes) bimonthly weekly biweekly monthly

REQUEST OF FINANCIAL INFORMATION FORM (PAGE 2)

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT

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					l e				
ΥO	UR INCOME, MEDICA	L, EDUCATION	AL, AND HEAL	TH INSURANCE	INFORM	/IATION (con	ntinued)		
42.	List MONTHLY income from al	Il other sources, such	as:			•			
	Commissions		Unemp. Benefits _		<u>Na</u>	t'l Guard & Res.	Drill Pay		
	Bonuses		Strike Pay		Arr	Armed Services			
	Profit Sharing		Allowance for Rent						
	Interest		Sick Benefits -			ntal Income			
	Dividends					ousal Support/A			
	Annuities								
	Pensions/Longevity		VA Benefits _		<u>FIF</u>				
	Deferred Comp./IRA								
Trust Funds GI Benefits Other 43. Do you have any spousal support/alimony orders involving another person not a parent in this case?									
43.	Do you have any spousal If so, complete a. b. and c.	support/alimony ord	ers involving anoth No		ent in this c as payer		s, as recip	pient	
	a Amount of order (do r	not include arrearage	s) b. Type of	order/Case no.	С	City, county,	and state		
44.	Do any of the children listed	d on item 21 and 22 r	eceive payments fro	om the Social Securit	y Administra	ation?	Yes	No	
	Child's	Amount	TypeofE	Benefit (checkone)		Source o	f dependent	benefit	
	Name	(monthly)	SSI	Dependent Benefit		(mother,	father, step	parent)	
		<u>l</u>			<u> </u>				
45.	of your last federal and stat	te income tax returns						te earnings, and a copy st recent business	
	tax returns and/or corporat								
46.	Do you have any medical If yes, please explain medic		•	ability to work?	Y	es es	No		
47.	What is your educational	background? (Che	ck one)						
	Less than high school	•	•	graduate		Trade so	hool gradua	te	
	Associate's degree		Bachelor's degree			Graduate degree			
48.	Medical insurance compar	ny name, address, to	elephone no.		Policy/Group number Beginning date, if known				
49.	Dental insurance company	y name, address, tel	ephone no.		Policy/G	roup number	Begir	nning date, if known	
50.	Optical insurance compan	y name, address, te	lephone no.		Policy/G	Froup number	Begir	nning date, if known	
51.	What dependent coverage	e is available to you	without cost?		David	I /	O-4:I		
	Medical				Dent		Optical		
52.	Medical	per	nent of an additiona Dental	al premium? (Specif per	y cost per p	oay period.) Optical		per	
53.	Individuals currently covere Name	d by your insurance	Birthda	ate Relatio	onshin	Medical	Dental	Optical	
	Hamo		Direitoc	ato relation	or ior iip	Medical	Dentai	Optioui	
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REQUEST OF FINANCIAL LITTLE TRAVERSE BAY BANDS OF

CASE NO.

INFO	PAGE 3)	_	ODA	WA INI	DIANS	TRIBAL C	COL	JRT				
YOUR CH	IILD-CARE	E INFORMAT	TION									
-		re expenses for llowing informati		dren in this	domestic	relations case	durii	ng any time o	of the year?	Yes		No
	child-care pro		<u> </u>			Names of childr	ren re	eceiving child	care			
Number	of weeks prov	ided during last	calendar year			Estimated num	ber c	of weeks of ch	nild care prov	ided in th	nis calendar	year
Current v	weekly child-o	care cost	Amount of o	child-care c	redit receiv	red on last year	r's fe	deral I.R.S. ta	ax return			
55. Check the Reason	e reason(s) w	hich explain wh	y you need ch	ild care and Estimate	d estimate ed numbe	the number of er of hours p	hou er w	rs child care veek	is received fo	or each.		
Wo	ork related											
Lo	oking for emp	loyment										
		ational program	to									
		ment opportunit										
	ation related											
Name of	educational i	nstitution	Total cla	ssroom hou	ırs per wee	ek Education	nal go	oal		Projecte	ed graduatio	n date
YOUR ADD	DITIONAL	INFORMATION	ON									
		rmation that wo		to the cour	t in makin	g a support rec	comn	nendation.				
INICODMAT	ION DEC	ADDING THE	OTHER DA	DENTIN	I TUIC C	ACE (if Ima						
		ARDING THE	OTHER PA	ARENI IN			wn)		- f - i			
58.Full nam	16				59. Date	or birth			of birth: city a	no state		
61. Address		Cit	у	State		Zip	62	2. Home telep	ohone	63.Wor	k telephone	;
64.Soc. Sec	c. number	65. Driver's lie	cense number	66. Prof	fessional li	cense, type, ar	nd no	o. 67.Mem	ber No.	68.E-m	ail address	;
69. Sex M F	70.Eye co	or 71.H	air color	72. Heig	ght	73.Weight	7	4.Race	75. Scar	rs, tattoo	s, etc.	
76. Father's	full name	l .			77. Moth	er's full maider	n nan	ne				
78. Names of	all additiona	minor children	he/she suppo	rts Birtho	date	Addre	ess					
79. Is this par Yes	ty pregnant? N o	a. When is the		o. Is the par ′es		se the biologica	al pa	rent of the exp	pected child?	Yes	30. Is this p married	
81.Occupat	ion				82.Emplo	oyer (if unemplo	oyed	, name of last	employer)	1		
83.Employe	r's address		City			State		Zip	84. Date h	ired		
85. Gross ea	rnings per pa	ay period (earn	ings before ta	xes)				86. Averag	e overtime ho	ours for p	oast 12 mon	ths

REQUEST OF FINANCIAL INFORMATION FORM (PAGE 4)

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT

CASE NO.

(PAGE 4)	ODAWA INDIANS I	RIBAL CO	JURI			
INFORMATION REGARDING THE	OTHER PARENT IN THIS CA	ASE (contin	ued)			
87. Medical insurance company name, add	dress, telephone no.		Policy/Group numb	oer E	Beginning dat	e, if known
88. Dental insurance company name, addi	ress, telephone no.	I	Policy/Group numb	oer E	Beginning dat	e, if known
89. Optical insurance company name, add	ress, telephone no.		Policy/Group numb	oer E	Beginning dat	e, if known
90. What dependent coverage is available Medical	·		Dental	Optica	I	
91. What dependent coverage is available Medical per	by payment of an additional premiu Dental	m? (Specify co		^{d.)} ptical		per
92. Individuals currently covered by other	ner parent's insurance Name	Birthdate	Relationship	Medical	Dental	Optical
I declare that the information in this q	uestionnaire is true to the bes	st of my infor	mation, knowl	edge, and l	pelief.	
	-					
Date	Signature					

Reminder List

- Have you signed this questionnaire?
- Have you completed item 21 regarding the number of overnights you have with the child annually? Failure to specify will result in the tribal court custody officer estimating the number of overnights.
- Have you attached your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?
- Have you attached a copy of your last federal and state income tax returns, including all schedules, W-2s, and 1099s? If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.
- Attach any additional information that may be useful to the tribal court custody officer in making a support recommendation. Make sure you use enough postage to cover these additional items.
- Have you attached verification if you are asking for reimbursement of child-care expenses?
- Make a copy of this form for your own records.
- Send the original form, completed and signed, to the Tribal Court Support Officer.